

Student Name \_\_\_\_\_

Student ID # \_\_\_\_\_

To whom it may Concern:

I have examined the above patient and recommend that, due to medical or psychological reasons, this student should enroll for less than a full-time courseload during \_\_\_\_\_ term, 20\_\_\_\_. A brief explanation is attached on official letterhead.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Medical Facility or Office \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Please check one:\*

Medical Doctor \_\_\_\_\_

Licensed Psychologist \_\_\_\_\_

Osteopath \_\_\_\_\_

\*Please note: **ONLY MD's**, Licensed Psychologists or Osteopaths are authorized by the Department of Homeland Security to recommend part time enrollment for an international student in F-1, J-1 or M-1 status. A Designated School Official in the International Student Office must also review the recommendation and authorize part time enrollment in the SEVIS system prior to the student dropping to part time status. This form must be completed each term a student wishes to be part time due to medical reasons.

Please return this form to:

Portland State University  
International Student Services  
Room 101 East Hall  
PO Box 751  
Portland, OR 97207  
503-725-4094